

Part-Time Local 587 New Hire Guide



Welcome to King County!

As a new part-time Local 587 employee, you have the option of purchasing benefits for you and your family. This guide describes those benefits, explains your election options and includes the forms you need (beginning on page 21) to enroll you and your family.

Please review the information in this guide and if you need more details, contact the resources listed in the Resource Directory section or refer to “Your King County Benefits,” the collection of plan booklets available at New Employee Orientation or www.metrokc.gov/employees/benefits, or from Benefits and Retirement Operations.

Return your enrollment forms *within 30 days of your hire date* (the first day you report to work after qualifying) to:

King County Benefits and Retirement Operations
Exchange Building EXC-ES-0300
821 Second Avenue
Seattle WA 98104-1598

If you don't return your forms *within 30 days of your hire date*, you won't be eligible to enroll again until the next open enrollment or, if you're not enrolling now because you have coverage through another employer or family member, until you lose the other coverage.

This guide isn't a complete description of each benefit plan. If you have questions about specific plan details, please refer to “Your King County Benefits” or contact the resources listed in the Resource Directory. We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between the benefit descriptions and the insurance contracts or other legal documents, the legal documents will always govern. King County intends to continue benefit plans indefinitely, but reserves the right to amend or terminate them at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents. King County, as plan administrator, has the sole discretionary authority to determine eligibility for benefits and to construe the terms of the plans. This information doesn't create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

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An Overview of Part-Time Local 587 Benefits Plans

The following information is provided to help you understand the basics of the two plans that are available to part-time transit operators. You are provided enrollment materials for each plan as you become eligible. Contact your base chief if you have questions regarding your eligibility.

► Partial Benefits Plan

You become eligible for the Partial Benefits Plan the first of the month following your qualification or hire date (whichever is later). Your hire date is determined by your department. If your qualification or hire date is the first of the month, you become eligible that same day.

Under the Partial Benefits Plan, you may purchase medical, dental and vision coverage for you and the eligible family members you enroll (the employee's medical, dental and vision coverage is partially subsidized by the county). If you elect medical coverage, you receive fully paid basic life, accidental death and dismemberment (AD&D) and long term disability (LTD) insurance, and you may purchase enhanced life and AD&D for you and your family members and enhanced long-term disability for you.

► Full Benefits Plan

You become eligible for the Full Benefits Plan in 2006 when you pick 4 or more hours in the spring or summer shakeups of 2006. Fully paid benefits begin the first day of the month after you work the 4 or more hour assignment and extend through December 31, 2006.

Under the Full Benefits Plan, you receive county-paid medical, dental and vision coverage for you and the eligible family members you enroll, plus basic life, AD&D and long term disability (LTD) insurance for you. You may continue enhanced life, AD&D and long-term disability you already have under the Partial Benefits Plan. If you did not elect enhanced life, AD&D and long-term disability under the Partial Benefits Plan, you must wait until:

- the next open enrollment to add enhanced AD&D
- a qualifying event to add enhanced life
- you qualify as a full-time transit operator to add enhanced LTD.

Eight Key Points

1. Under the Partial Benefits Plan, you may purchase medical, dental and vision for you and your family members. If you elect medical, you receive county-paid basic life, AD&D and LTD insurance. You may also purchase enhanced life and AD&D for you and your family members and enhanced LTD for yourself. King County pays a portion of your monthly medical, dental and vision plan premiums, but you pay the full cost of family coverage.
2. Certain restrictions apply:
 - You may elect any combination of medical, dental and vision coverage with one exception: you must elect medical for at least yourself to elect dental for yourself and family members
 - If you don't elect enhanced life insurance now, you may not elect it until a qualifying event.
 - If you don't elect enhanced LTD insurance now, you may not elect it until you qualify as a full-time transit operator.
3. If you don't return your enrollment forms to Benefits and Retirement Operations *within 30 days of your hire date* (the first day you report to work after qualifying), you won't be eligible to enroll for the Partial Benefits Plan again until the next open enrollment or, if you're not enrolling now because you have coverage through another employer or family member, until you lose the other coverage.
4. If you enroll under the Partial Benefits Plan, your benefit coverage begins the first calendar day of the month following your hire date (the first day you report to work after qualifying). However, if your hire date is the first calendar day of the month, your coverage begins the same day.
5. It takes several weeks to process your enrollment and issue your medical card (no cards are issued for dental or vision). If you don't receive your medical card within 30 days, contact your medical plan. If you have difficulty getting services, contact Benefits and Retirement Operations.
6. Open enrollment every October lets you change coverage effective the following January. You may:
 - Elect coverage you've previously declined or dropped (except for enhanced life and LTD insurance)
 - Change medical plans
 - Add eligible family members not previously covered
 - Change how your monthly premiums are payroll deducted (before- or after-tax; see page 16).
7. You may make certain changes to your benefit coverage between open enrollments. Generally, you must notify Benefits and Retirement Operations within 30 days of the event prompting the change; change forms are available at www.metrokc.gov/employees/benefits and provide more details. Between open enrollments you may:
 - Drop coverage if you pay premiums after-tax
 - Drop family members from coverage anytime (if you pay premiums after-tax) or when a qualifying event occurs (if you pay premiums before- or after-tax)
 - Add eligible family members for coverage if you have a qualifying event such as a:
 - Birth or placement for adoption of a child
 - Placement of a legal ward
 - Qualified Medical Child Support Order
 - Marriage or establishment of a domestic partnership
 - Significant change in your spouse's/domestic partner's employer-sponsored coverage
 - Elect coverage if you lose other coverage and contact Benefits and Retirement Operations within 30 days
 - Request continuation of coverage for a child past age 23 if the child is currently enrolled under your plans, incapacitated due to developmental or physical disability and chiefly dependent on you for support.
8. Questions? Please contact the resources listed in the Resource Directory section of this guide or refer to "Your King County Benefits," the collection of plan booklets available at New Employee Orientation or www.metrokc.gov/employees/benefits, or from Benefits and Retirement Operations.

Benefits to Consider

If you decide to enroll, you must submit your Partial Benefits Plan enrollment forms to Benefits and Retirement Operations *within 30 days of your hire date* (the first day you report to work after qualifying).

► Do you want medical coverage?

You may choose from three medical plan options. The option you select is also the option your family members receive if you cover them.

The following table summarizes the features and covered expenses of the three plan options. As you compare the KingCareSM Basic and Preferred plans, please note that the Basic plan is essentially the same as the Preferred plan, but with higher annual deductibles and coinsurance. This makes the Basic plan less expensive for employees like you who must pay monthly premiums for medical coverage.

Also please note that two separate companies process claims for the KingCareSM plans. If you choose a KingCareSM plan, you receive a medical card from Aetna to use for all medical claims (physician visits, hospital, lab work, etc.) and a prescription card from Caremark (formerly AdvancePCS) to use for all outpatient, retail pharmacy and mail order prescription drug claims.

Feature/Covered Expense	KingCare SM Basic	KingCare SM Preferred	Group Health
Provider choice	You may choose any qualified provider, but you receive higher coverage when you use network providers	You may choose any qualified provider, but you receive higher coverage when you use network providers	You choose a Group Health primary care physician (PCP) who provides and coordinates most services through the Group Health network; you may also self-refer to Group Health staff specialists; no non-network coverage unless indicated
Annual deductible	\$500/person, \$1,500/family Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible	\$100/person, \$300/family Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible	None
Copay/office visits	No copays, but you pay coinsurance	No copays, but you pay coinsurance	You pay \$20
After the deductible/copays, the plans pay most covered services at these levels until you reach the annual out-of-pocket maximum	80% network medical claims (you pay 20% coinsurance) 60% non-network medical claims (you pay 40% coinsurance)	90% network medical claims (you pay 10% coinsurance) 70% non-network medical claims (you pay 30% coinsurance)	100% network Limited emergency/out-of-area non-network care
Annual out-of-pocket maximum	\$1,200/person, \$2,400/family network (plus deductible) \$2,000/person, \$4,000/family non-network (plus deductible)	\$800/person, \$1,600/family network (plus deductible) \$1,600/person, \$3,200/family non-network (plus deductible)	\$1,000/person, \$2,000/family network and limited emergency/out-of-area non-network
After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level	100% network	100% network	100% network
Lifetime maximum	\$2,000,000	\$2,000,000	No limit

Feature/Covered Expense	KingCare SM Basic	KingCare SM Preferred	Group Health
Alternative care (including medically necessary acupuncture, massage therapy and naturopathy)	80% network 60% non-network Certain services must be prescribed by a physician; Aetna reviews medical necessity of all treatment after 20 visits	90% network 70% non-network Certain services must be prescribed by a physician; Aetna reviews medical necessity of all treatment after 20 visits	Self-referrals to a network provider are covered up to 8 visits/medical diagnosis/calendar year for acupuncture and up to 3 visits/medical diagnosis/calendar year for naturopathy; except for chiropractic services, all other alternative care may require PCP referral All services are subject to the \$20 copay/visit
Ambulance services	80%	90%	80% (except hospital-to-hospital ground transfers covered 100% when initiated by Group Health)
Chemical dependency treatment	80% network 60% non-network \$12,500 (2005)/\$13,000 (2006) maximum/24 consecutive months for combined network and non-network services when preauthorized (maximum subject to annual adjustment)	100% network 70% non-network \$12,500 (2005)/\$13,000 (2006) maximum/24 consecutive months for combined network and non-network services when preauthorized (maximum subject to annual adjustment)	100% after \$200 copay/admission for inpatient care 100% after \$20 copay/visit for outpatient care \$12,500 (2005)/\$13,000 (2006) maximum/24 consecutive months (maximum subject to annual adjustment)
Chiropractic care and manipulative therapy (like all services, must be medically necessary)	80% network 60% non-network Up to 33 visits/year for combined network and non-network services	90% network 70% non-network Up to 33 visits/year for combined network and non-network services	100% after \$20 copay/visit
Diabetes care training	80% network when prescribed by your physician 60% non-network when prescribed by your physician	90% network when prescribed by your physician 70% non-network when prescribed by your physician	100% after \$20 copay/visit
Diabetes supplies (insulin, needles, syringes, lancets, etc.)	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs
Durable medical equipment, prosthetics and orthopedic appliances	80% when preauthorized	80% when preauthorized	80% if authorized in advance by a network provider as medically necessary
Emergency room care	80% after \$50 copay/visit (waived if admitted) for network or non-network emergency care 80% network, 60% non-network after \$50 copay/visit for non-emergency care	90% after \$50 copay/visit (waived if admitted) for network or non-network emergency care 90% network, 70% non-network after \$50 copay/visit for non-emergency care	100% after \$75 copay/visit to network facility (\$75 copay is waived but \$200 copay/admission for hospital care applies if admitted) 100% after \$125 copay/visit to non-network facility (\$125 copay is waived but \$200 copay/admission for hospital care applies if admitted) Non-emergency care not covered

Feature/Covered Expense	KingCare SM Basic	KingCare SM Preferred	Group Health
Family planning	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit (infertility treatment not covered)
Hearing aids	100% up to \$500 in 36 months for combined network and non- network services	100% up to \$500 in 36 months for combined network and non- network services	100% up to \$300/ear in 36 months
Home health care	100% when preauthorized up to 130 visits/year for combined network and non-network services	100% when preauthorized up to 130 visits/year for combined network and non-network services	100%
Hospice care	100% when preauthorized 6-month lifetime maximum 120-hour maximum for respite care in any 3-month period	100% when preauthorized 6-month lifetime maximum 120-hour maximum for respite care in any 3-month period	100% when preauthorized Certain limits apply; call plan for details
Hospital care (not in an emergency room)	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% after \$200 copay/admission
Lab, x-ray and other diagnostic testing	80% network 60% non-network	90% network 70% non-network	100%
Maternity care	80% network 60% non-network	90% network 70% non-network	100% for delivery and related hospital care after \$200 copay/admission 100% after \$20 copay/visit for prenatal and postpartum care
Mental health care	80% network, 60% non-network for inpatient up to 30 days/year (combined network and non- network services) 80% network, 60% non-network for outpatient up to 52 visits/year (combined network and non- network services)	90% network, 70% non-network for inpatient up to 30 days/year (combined network and non- network services) 90% network, 70% non-network for outpatient up to 52 visits/year (combined network and non- network services)	100% after \$200 admission copay per visit, up to 12 days/year for inpatient 100% after \$20 copay/individual, family, couple or group session, up to 20 visits/year for outpatient
Neurodevelopmental therapy for covered family members age 6 and under	80% network when preauthorized 60% non-network when preauthorized \$2,000/year maximum for combined network and non- network services	90% network when preauthorized 70% non-network when preauthorized \$2,000/year maximum for combined network and non- network services	100% for inpatient services after \$200 copay/admission up to 60 days/year (combined with rehabilitative services) 100% after \$20 copay/visit for outpatient services up to 60 visits/year (combined with rehabilitative services)
Out-of-area coverage while traveling, for your children away at school, etc.	Same coverage as when home, through Aetna and Caremark national provider networks	Same coverage as when home, through Aetna and Caremark national provider networks	Reciprocal benefits available through Kaiser Permanente and affiliated HMOs; otherwise, only emergency services are covered out-of-area
Physician and other medical/surgical services	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit

Feature/Covered Expense	KingCare SM Basic	KingCare SM Preferred	Group Health
Prescription drugs – up to 30-day supply through network pharmacies	<p>100% after \$10 copay for generic</p> <p>100% after \$15 copay for preferred brand (\$20 if generic available, but if unable to take it for medical reasons, the \$15 copay applies)</p> <p>100% after \$25 copay for non-preferred brand (\$30 if generic available, but if unable to take it for medical reasons, the \$25 copay applies)</p> <p>(Prescriptions filled at non-network pharmacies reimbursed at the rate Caremark pays to network pharmacies, less your copay)</p>	<p>100% after \$10 copay for generic</p> <p>100% after \$15 copay for preferred brand (\$20 if generic available, but if unable to take it for medical reasons, the \$15 copay applies)</p> <p>100% after \$25 copay for non-preferred brand (\$30 if generic available, but if unable to take it for medical reasons, the \$25 copay applies)</p> <p>(Prescriptions filled at non-network pharmacies reimbursed at the rate Caremark pays to network pharmacies, less your copay)</p>	<p>100% after \$10 copay for generic</p> <p>100% after \$20 copay for preferred brand</p> <p>100% after \$30 copay for non-preferred brand</p> <p>(No reimbursement for prescriptions filled at non-network pharmacies)</p>
Prescription drugs – up to 90-day supply through network mail order	<p>100% after \$20 copay for generic</p> <p>100% after \$30 copay for preferred brand (\$40 if generic available, but if unable to take it for medical reasons, the \$30 copay applies)</p> <p>100% after \$50 copay for non-preferred brand (\$60 if generic available, but if unable to take it for medical reasons, the \$50 copay applies)</p>	<p>100% after \$20 copay for generic</p> <p>100% after \$30 copay for preferred brand (\$40 if generic available, but if unable to take it for medical reasons, the \$30 copay applies)</p> <p>100% after \$50 copay for non-preferred brand (\$60 if generic available, but if unable to take it for medical reasons, the \$50 copay applies)</p>	<p>100% after \$20 copay for generic</p> <p>100% after \$40 copay for preferred brand</p> <p>100% after \$60 copay for non-preferred brand</p>
Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc. per plan schedule; immunizations for travel aren't covered)	<p>100% network</p> <p>60% non-network</p>	<p>100% network</p> <p>70% non-network</p>	100% after \$20 copay/visit
Radiation therapy, chemotherapy and respiratory therapy	<p>80% network</p> <p>60% non-network</p>	<p>90% network</p> <p>70% non-network</p>	100% after \$20 copay/visit
Reconstructive services (including benefits for mastectomy-related services – reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy, including lymphedema; call plans for more information)	<p>80% network</p> <p>60% non-network</p>	<p>90% network</p> <p>70% non-network</p>	100% depending on services provided; copays may apply (including \$200 copay/admission if hospital care required)

Feature/Covered Expense	KingCare SM Basic	KingCare SM Preferred	Group Health
Rehabilitative services Inpatient and outpatient	80% network 60% non-network Up to 60 days/year for inpatient; up to 60 visits/all therapies combined for outpatient (progress review every 20 visits for non-network outpatient)	90% network 70% non-network Up to 60 days/year for inpatient; up to 60 visits/all therapies combined for outpatient (progress review every 20 visits for non-network outpatient)	100% for inpatient services after \$200 copay/admission up to 60 days/year (combined with neurodevelopmental therapy) 100% after \$20 copay/visit for outpatient services up to 60 visits/year (combined with neurodevelopmental therapy)
Skilled nursing facility	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% up to 60 days/calendar year at a Group Health- approved nursing facility
Smoking cessation	100% network services 60% non-network services Prescription drugs to ease nicotine withdrawal, inhalers and sprays covered by Caremark at 100% (no copay); non- prescription nicotine patches and gum covered by Aetna at 100%	100% network services 70% non-network services Prescription drugs to ease nicotine withdrawal, inhalers and sprays covered by Caremark at 100% (no copay); non- prescription nicotine patches and gum covered by Aetna at 100%	100% for 1 Group Health network provider program/year 1 course of nicotine replacement/year (prescription benefit copay applies) when prescribed by Group Health network provider if the member is actively participating in Free and Clear Program
Transplants (certain services only)	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare SM plan – whether preexisting or an emergency	100% network when preauthorized 70% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare SM plan – whether preexisting or an emergency	100% after applicable copays Medical coverage must have been continuous for more than 12 months under this plan – whether preexisting or an emergency
Urgent care (ear infections, high fevers, minor burns, etc.)	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit

► Monthly cost of medical

The following table shows the monthly premiums for the three medical plan options. 2006 and 2005 premiums are shown so you can see how premiums compare year to year.

Sp = Spouse DP = Domestic Partner Ch = Children

Monthly Premiums	You Only	You + Sp	You + Ch	You + Sp/DP + Ch
KingCareSM Basic				
2006 (\$ 249.14 paid by county)	\$ 109.39	\$ 467.92	\$ 396.22	\$ 754.75
2005 (\$ 248.90 paid by county)	\$ 88.70	\$ 426.30	\$ 358.78	\$ 696.38
KingCareSM Preferred				
2006 (\$ 249.14 paid by county)	\$ 176.68	\$ 602.50	\$ 517.34	\$ 943.16
2005 (\$ 248.90 paid by county)	\$ 152.37	\$ 553.64	\$ 473.38	\$ 874.65
Group Health				
2006 (\$ 249.14 paid by county)	\$ 62.28	\$ 373.70	\$ 311.42	\$ 622.84
2005 (\$ 248.90 paid by county)	\$ 62.22	\$ 373.41	\$ 310.57	\$ 622.23

► Do you want dental coverage?

You must elect medical for at least yourself to elect dental for yourself and family members. Dental coverage is provided by Washington Dental Service. You can use any dentist you wish (most dentists in Washington participate in the WDS plan), but the benefits are generally higher (your out-of-pocket expenses are less) and the dentist automatically files your claim if you see a WDS dentist.

WDS increases your payment levels through an incentive program as long as you see your dentist each year:

- For diagnostic and preventive services as well as basic services, the payment level starts at 70% and increases 10% in January of each year until you reach 100% (if you don't see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%)
- For major restorative services the payment level increases from 70% to 80%, then to 85%.

If you're a new hire, coverage begins at the 70% incentive level; levels "earned" under another group plan don't apply to the county plan. However, incentive levels are adjusted based on previous participation in the county plan if you're a:

- Recalled or reinstated employee
- Rehired employee who's continued county coverage uninterrupted under COBRA between your previous county employment and rehire (if county coverage has been interrupted, new hire incentive levels apply).

Washington Dental Service	
Annual deductible (doesn't apply to diagnostic and preventive services, orthodontic services or accidental injuries)	\$25/person, \$75/family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	\$2,000/person
Covered Expense	WDS Pays
Diagnostic and preventive services (exams, cleanings and x-rays)	70%-100% based on patient's incentive level (deductible doesn't apply)
Basic services (crowns, extractions, fillings, etc.)	70%-100% based on patient's incentive level
Major services – restorative (crowns and onlays)	70%-85% based on patient's incentive level
Major services – prosthodontics (dentures, fixed bridges and implants)	70% (incentive levels don't apply)
Orthodontic services for adults and children	50% up to a \$2,500 lifetime maximum (deductible and incentive levels don't apply; benefit doesn't apply to the annual maximum benefit)
Night (occlusal) guards	50% (incentive levels don't apply; your medical plan may provide additional coverage)
Temporomandibular joint (TMJ) disorders	50% up to a \$500 lifetime maximum for non-surgical treatment and appliances (incentive levels don't apply and this benefit doesn't apply to the annual maximum benefit; your medical plan may provide additional coverage)
Accidental injury	100% for covered expenses incurred within 180 days of accident (deductible doesn't apply)

► Monthly cost of dental

The following table shows the monthly premiums for the WDS plan. 2006 and 2005 premiums are shown so you can see how premiums compare year to year.

Sp = Spouse DP = Domestic Partner Ch = Children

Monthly Premiums	You Only	You + Sp/DP	You + Ch	All
Washington Dental Service				
2006 (\$ 30.56 paid by county)	\$ 30.56	\$ 91.68	\$ 79.46	\$ 140.58
2005 (\$ 30.54 paid by county)	\$ 30.54	\$ 91.62	\$ 79.41	\$ 140.49

► Do you want vision coverage?

Vision coverage is provided by Vision Service Plan. You can use any eye care provider you wish, but the benefits are generally higher (your out-of-pocket expenses are less) and the provider automatically files your claim if you see a VSP provider. (Group Health provides routine vision exams under its medical plan, but none of the other vision benefits listed below; VSP providers may not accept a Group Health prescription for lenses.)

Vision Service Plan		
Covered Expenses	If you see a VSP provider you pay a \$10 copay and the plan pays ...	If you see a non-VSP provider you pay the bill in full and the plan reimburses you the following amounts, minus a maximum \$10 copay ...
Exams (once every 12 months)	100%	Up to \$40
Lenses (1 pair every 12 months)		
• Single vision	100%	Up to \$40
• Bifocal	100%	Up to \$60
• Trifocal	100%	Up to \$80
• Lenticular	100%	Up to \$125
• Polycarbonate for children	100%	Not covered
• Progressive	100%	
• Tints	100%	Up to \$5 for upgrade to progressive, tints and coatings combined
• Coatings	100%	
Frames (once every 24 months)	Covered up to \$130; if you chose a frame that costs more then the VSP allowable amount, you'll receive 20% off your out-of-pocket costs	Up to \$45
Contacts (once every 12 months in place of eyeglass lenses and frames)		
• Elective	100% up to \$105	Up to \$105
• Medically necessary	100%	Up to \$210

► Monthly cost of vision

The following table shows the monthly premiums for the VSP plan. 2006 and 2005 premiums are shown so you can see how premiums compare year to year.

Sp = Spouse DP = Domestic Partner Ch = Children

Monthly Premiums	You Only	You + Sp/DP	You + Ch	All
Vision Service Plan				
2006 (\$ 4.88 paid by county)	\$ 4.88	\$ 14.64	\$ 12.69	\$ 22.45
2005 (\$ 4.79 paid by county)	\$ 4.78	\$ 14.35	\$ 12.43	\$ 22.00

► **Who are the eligible family members you want to cover?**

List the family members you want to cover under your benefit plans on the Family Member Enrollment Form (page 24). Parents and other relatives who aren't members of your immediate family aren't eligible for coverage, but the following family members are (if you enroll them):

- Your spouse/domestic partner (attach a copy of your marriage certificate or complete and return the Affidavit of Marriage/Domestic Partnership, page 25)
- Unmarried children of you or your spouse/domestic partner if they are under age 23 and chiefly dependent on you for support and maintenance (generally, that means you may claim them on your federal tax return); they may be your:
 - Natural children
 - Adopted children (or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption)
 - Stepchildren
 - Legally designated wards (legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order; attach appropriate documentation).

If you elect coverage for yourself but don't add eligible family members now, you must wait until the next open enrollment to add them except for certain qualifying events such as:

- Birth or placement for adoption of a child
- Placement of a legal ward
- Marriage/establishment of a domestic partnership
- Qualified Medical Child Support Order
- Significant change in your spouse's/domestic partner's employer-sponsored coverage.

Generally, when a qualifying event occurs, you must submit an Add New Family Member form to Benefits and Retirement Operations within 30 days of the event (see the Important Facts booklet in "Your King County Benefits").

► **Do you want enhanced life insurance?**

Your basic life. The county pays for \$25,000 basic life insurance for you in 2006 if you elect medical coverage for you. If you die for any reason, your beneficiaries receive \$25,000.

Your enhanced life. If you elect medical coverage, you may purchase enhanced life insurance for yourself in \$25,000, \$50,000, \$75,000 or \$100,000 amounts when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying event:

- You marry/establish a domestic partnership
- Your child first becomes eligible for coverage under your county benefit plans
- Your spouse/domestic partner or child loses county or other employer-provided life insurance.

If you die, your beneficiaries receive your enhanced life in addition to your \$25,000 basic life insurance.

Spouse/domestic partner enhanced life. If you have enhanced life insurance for yourself, you may cover your spouse/domestic partner at 50% of your enhanced amount when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying event:

- You marry/establish your domestic partnership
- Your spouse/domestic partner loses county or other employer-provided life insurance.

If your spouse/domestic partner dies, you are the beneficiary.

Children enhanced life. If you have enhanced life insurance for yourself, you may cover each of your children 14 days or older for \$10,000 each when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying event:

- Your child first becomes eligible for coverage under your county benefit plans
- Your child loses county or other employer-provided life insurance.

If your child dies, you are the beneficiary.

More about enhanced life, including cost. Life insurance is provided through Aetna and is portable. If you terminate employment with the county (but not if you leave employment due to disability), you may continue to pay Aetna directly for the basic and enhanced coverage you had on your last day of employment until you reach age 99. If you continue the coverage for yourself, you may continue the enhanced coverage you had for your spouse/domestic partner until he/she is 65 up to \$25,000 and your dependent children until they're 19 (23 if solely dependent on you for support) up to \$5,000. The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

The monthly cost of enhanced life insurance for you and your spouse/domestic partner is based on your age; cost for all children is \$.84, regardless of the number of children covered.

The following table shows the cost of enhanced life per \$25,000 for different age groups. A worksheet is included so you can calculate your total monthly cost.

Your Age	Cost of Enhanced Life/\$25,000
Under 25	\$.88
25-29	\$ 1.05
30-34	\$ 1.40
35-39	\$ 1.40
40-44	\$ 1.78
45-49	\$ 2.83
50-54	\$ 4.23
55-59	\$ 7.55
60-64	\$ 11.60
65-69	\$ 19.93
70+	\$ 32.33

To calculate your total monthly cost for enhanced life ...

Enter cost/\$25,000 for your age here 1. \$ _____

If you have \$25,000 for yourself, enter 1 here
 If you have \$50,000 for yourself, enter 2 here
 If you have \$75,000 for yourself, enter 3 here
 If you have \$100,000 for yourself, enter 4 here

2. _____

Multiply line 1 by line 2 and enter the answer here 3. \$ _____

If you elect enhanced life for your spouse/DP enter .5 here; if not, enter 0 4. \$ _____

Multiply line 3 by line 4 and enter the cost of enhanced life for your spouse/DP here 5. \$ _____

If you elect enhanced life for children enter \$.84 here; if not, enter 0 6. \$ _____

Add lines 3, 5 and 6 for your total monthly cost here → \$ _____

► Do you want enhanced AD&D insurance?

Your basic AD&D. The county pays for \$25,000 basic accidental death and dismemberment (AD&D) insurance for you in 2006 if you elect medical coverage for you. If you die in a covered accident, your beneficiaries receive \$25,000 (in addition to your basic life insurance benefit). For dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss.

Your enhanced AD&D. If you elect medical coverage, you may purchase enhanced AD&D insurance for yourself from \$50,000 to \$500,000, in \$50,000 increments, when you first enroll in the Partial Benefits Plan or during open enrollment. If you die, your beneficiaries receive your enhanced AD&D in addition to your \$25,000 basic AD&D insurance.

Spouse/domestic partner enhanced AD&D. If you have enhanced AD&D insurance for yourself, you may cover your spouse/domestic partner at 50% or 100% of your enhanced amount when you first enroll in the Partial Benefits Plan, during open enrollment or within 30 days of a qualifying event:

- You marry/establish a domestic partnership
- Your spouse/domestic partner loses county or other employer-provided AD&D insurance.

If your spouse/domestic partner dies or is dismembered in a covered accident, you are the beneficiary.

Children enhanced AD&D. If you have enhanced AD&D insurance for yourself, you may cover each of your children for 10% of your enhanced amount when you first enroll in the Partial Benefits Plan, during open enrollment or within 30 days of a qualifying event:

- Your child first becomes eligible for coverage under your county benefit plans
- Your child loses county or other employer-provided AD&D insurance.

If your child dies or is dismembered in a covered accident, you are the beneficiary.

Cost of enhanced AD&D. AD&D insurance is provided through CIGNA. The monthly cost of enhanced AD&D insurance is the same in 2006 as in 2005. Add across each row for those you cover to determine your total monthly cost.

If you elect this enhanced amount ...	Monthly Cost for You	Monthly Cost to Cover Your Spouse/DP at 50% of Your Amount	Monthly Cost to Cover Your Spouse/DP at 100% of Your Amount	Monthly Cost to Cover All Your Children at 10% of Your Amount
\$ 50,000	\$ 1.00	\$.50	\$ 1.00	\$.30
\$ 100,000	\$ 2.00	\$ 1.00	\$ 2.00	\$.60
\$ 150,000	\$ 3.00	\$ 1.50	\$ 3.00	\$.90
\$ 200,000	\$ 4.00	\$ 2.00	\$ 4.00	\$ 1.20
\$ 250,000	\$ 5.00	\$ 2.50	\$ 5.00	\$ 1.50
\$ 300,000	\$ 6.00	\$ 3.00	\$ 6.00	\$ 1.80
\$ 350,000	\$ 7.00	\$ 3.50	\$ 7.00	\$ 2.10
\$ 400,000	\$ 8.00	\$ 4.00	\$ 8.00	\$ 2.40
\$ 450,000	\$ 9.00	\$ 4.50	\$ 9.00	\$ 2.70
\$ 500,000	\$ 10.00	\$ 5.00	\$ 10.00	\$ 3.00

► Do you want enhanced LTD insurance?

The county pays for basic long term disability for you if you elect medical coverage for yourself. If you become disabled, are unable to work and apply for LTD, this benefit combines with other sources of disability income to replace 60% of your monthly predisability earnings to a maximum benefit of \$6,000 a month after a 180-day waiting period.

You may purchase enhanced LTD only when you first enroll in the Partial Benefits Plan. Enhanced LTD increases the maximum benefit to \$7,200 a month and reduces the waiting period to 90 days.

The cost for enhanced LTD is \$4.53 a month.

► Who are your insurance beneficiaries?

If you elect medical and receive basic life, AD&D and LTD insurance and elect enhanced life, AD&D and LTD, you need to designate beneficiaries – the people you want to receive the insurance benefits in the event of your death. To do so, complete the Beneficiary Designation Form (page 23).

Provide complete information to help us find your beneficiaries if you die. You may list only the last four digits of beneficiaries' Social Security numbers if you choose, but complete Social Security numbers facilitate benefit payment.

The form allows you to designate primary and contingent beneficiaries. If your primary beneficiaries aren't alive at the time of your death, contingent beneficiaries receive your benefit. If you name multiple beneficiaries (primary or contingent), assign the share each beneficiary receives. Shares for all primary beneficiaries need to total 100% and shares for all contingent beneficiaries need to total 100%.

For example, you might name your spouse as primary and your two children as contingents. You'd assign your spouse 100% of your insurance benefit and could assign each child 50% of the benefit or one child 60% and the other 40% – whatever combination of shares totals 100%. If your spouse isn't alive to receive the benefit in the event of your death, your contingent children receive it according to the shares you assign. (If you're married and don't list your spouse as primary with at least 50% of your benefit, your spouse should sign the spouse waiver section of the form.)

Return original Beneficiary Designation forms to Benefits and Retirement Operations and keep copies for your records.

If you don't designate beneficiaries and die, the State of Washington determines beneficiaries for you: your insurance is paid to your spouse, your children, your parents or your siblings, in that order. If none of them survives you, benefits are paid to your estate.

► Do you want your premiums deducted before or after taxes are withheld?

If you elect Partial Benefits Plan coverage, you pay premiums through payroll deduction. The monthly cost of your coverage is divided in half and deducted from your two regular monthly paychecks (when there are three paychecks in a month, no deductions are taken from the last one).

The premiums for enhanced life, AD&D and LTD insurance (if you have it) are deducted after federal income and Social Security taxes are withheld, but you may have premiums for health coverage (medical, dental and vision) deducted before- or after-tax.

If you have health coverage premiums deducted before-tax, this reduces your taxes, but IRS restrictions apply:

- Any portion of the premiums you pay to provide health coverage to a domestic partner (DP) or DP's children is deducted after-tax
- You may not drop any health coverage until the next open enrollment unless due to a qualifying event:
 - Death of a family member
 - Divorce/dissolution of a domestic partnership
 - Child loses eligibility
 - Significant change in your spouse's/domestic partner's coverage due to his/her employment
- You must re-enroll for the before-tax premium payment plan every year during open enrollment or you default to the after-tax plan.

If you have health coverage premiums deducted after-tax, you do not reduce your taxes, but may drop the coverage for yourself or a family member anytime.

► Do you want to participate in a Flexible Spending Account?

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you don't pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).
- Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Please refer to the Flexible Spending Accounts booklet in “Your King County Benefits” for more details. If you decide to participate in the FSA program, get an FSA Enrollment Form at www.metrokc.gov/employees/benefits or from Benefits and Retirement Operations and submit it *within 30 days of when your other benefits begin*. Otherwise, you must wait for a qualifying event or the next open enrollment.

If You Leave Employment

If you leave employment, you may self-pay to continue county-paid coverage, but you pay the full monthly premiums (without county contributions). Details are provided in “Your King County Benefits” and the Exit Guide available at www.metrokc.gov/employees/benefits. Your monthly self-pay rates for health coverage are based on what the county pays to provide the same coverage to you as an active employee. Here, for reference, are the monthly self-pay rates for 2006 and 2005.

Health Plan	You	Spouse/Domestic Partner	Dependent Child(ren)
KingCare SM Basic	2006 ► \$ 365.70	2006 ► \$ 365.70	2006 ► \$ 292.57
	2005 ► \$ 344.35	2005 ► \$ 344.35	2005 ► \$ 275.48
KingCare SM Preferred	2006 ► \$ 434.34	2006 ► \$ 434.34	2006 ► \$ 347.47
	2005 ► \$ 409.30	2005 ► \$ 409.30	2005 ► \$ 327.43
Group Health	2006 ► \$ 317.65	2006 ► \$ 317.65	2006 ► \$ 254.12
	2005 ► \$ 317.34	2005 ► \$ 317.41	2005 ► \$ 253.32
Washington Dental Service	2006 ► \$ 62.34	2006 ► \$ 62.34	2006 ► \$ 49.88
	2005 ► \$ 62.30	2005 ► \$ 62.30	2005 ► \$ 49.85
Vision Service Plan	2006 ► \$ 9.96	2006 ► \$ 9.96	2006 ► \$ 7.97
	2005 ► \$ 9.76	2005 ► \$ 9.76	2005 ► \$ 7.80

HIPAA Notice of Privacy Practices

This section of your guide describes how medical information about you may be used and disclosed by King County and how you can get access to this information. Please review all information carefully and, if you have any questions, contact Benefits and Retirement Operations.

► Our Obligations

We treat all personal information you provide us to administer your health benefits as confidential and, under the Health Insurance Portability and Accountability Act (HIPAA), we must:

- Maintain the privacy of any protected health information (personally identifiable medical information) you provide us when you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim
- Provide you with this notice advising you how we handle your protected health information and informing you of our legal obligations and your rights regarding the information
- Follow the terms of this notice effective April 14, 2003.

► How We May Use and Disclose Protected Health Information

When you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, you provide us with confidential information such as your name and Social Security number. Sometimes, when you ask for our assistance with a claim, you may also provide us with details about the health treatments you've received and payments for services you've made. This information becomes "protected health information" when used and disclosed in the course of managing our health care operations (administering your health benefits) and facilitating payment of health claims.

Pursuant to this notice, we may use and disclose this protected health information to:

- Our employees authorized to assist in the administration of county benefit plans
- Representatives of the plans or any third party administrators with whom we have agreements to provide your benefit services.

Additionally, we may use or disclose protected health information:

- When required by law (such as in response to a court or administrative order, subpoena, discovery request, etc.)
- For purposes of workers' compensation or similar programs
- When necessary to prevent a serious threat to the health and safety of you or the public.

For all the reasons explained above, we may use and disclose your personal health information without your written authorization. In all other cases, your written authorization is required.

► Your Rights

For any protected health information provided to and maintained by us, you have the right to:

- Inspect and copy it
- Request amendments to it if it's incorrect or incomplete (we may deny amendment requests for specific reasons; for example, we deny requests to amend information we didn't create)
- Request to know to whom it's been disclosed for disclosures made after April 14, 2003 (the effective date of this notice)
- Request restrictions on what is disclosed and to whom (we try to honor restriction requests, but are not required to do so)
- Request it be communicated to you in a certain way (for instance, that we only contact you by mail or at work; we try to honor these requests, but are not required to do so).

To exercise any of these rights, contact us in writing. Mail your request to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598, or e-mail it to kc.benefits@metrokc.gov.

► Changes to Our Privacy Practices

We reserve the right to change our privacy practices and to apply the new practices to protected health information we already have, as well as to any information we receive in the future. We will notify you if we make changes and when the changes become effective.

► Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing with Benefits and Retirement Operations or the Secretary of the U.S. Department of Health and Human Services. You won't be penalized for filing a complaint.

To file a complaint with Benefits and Retirement Operations, mail it to the Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598, or e-mail it to kc.benefits@metrokc.gov.

Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
Benefit – Eligibility for Plans 1, 2 and 3	Your Base Chief
AD&D Insurance <ul style="list-style-type: none"> • Conversion when you leave employment • Secure travel benefits • For claims, contact Benefits and Retirement Operations 	CIGNA Phone 1-800-441-1832 (conversion) ■ 1-800-552-5744 (TTY) Worldwide Assistance Services Inc. (secure travel benefits) Phone 1-888-226-4567 (US/Canada) ■ Call collect 202-331-7635 (all other locations) Fax 202-331-1528 E-mail cigna@worldwideassistance.com
Benefits – General <ul style="list-style-type: none"> • Eligibility • Open enrollment and making changes • Flexible Spending Account enrollment • Life, AD&D and LTD insurance plan details • Alternate formats 	Benefits and Retirement Operations Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 Phone 206-684-1556 ■ 1-800-325-6165 x41556 (outside local calling area) Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/employees/benefits
Dental <ul style="list-style-type: none"> • Providers • Claims and appeals • Other plan details 	Washington Dental Service (WDS) PO Box 75983, Seattle WA 98175-0983 Phone 206-522-2300 ■ 1-800-554-1907 E-mail cservice@deltadentalwa.com Web www.deltadentalwa.com
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> • Account balances • Reimbursement • Other plan details 	Personal Choice Account (PCA) offered by Regence BlueCross and BlueShield of Oregon (formerly Associated Administrators Inc.) The Personal Choice Account PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 Fax 1-800-979-8987 E-mail pca@regence.com Web www.personalchoiceaccount.com

For Questions About ...	Contact ...
Life Insurance <ul style="list-style-type: none"> • Conversion or portability option when you leave employment • Evidence of Insurability (EOI) • For claims, contact Benefits and Retirement Operations 	Aetna Phone 1-800-826-7448 (conversion/portability) ■ 1-800-523-5065 (EOI)
LTD Insurance <ul style="list-style-type: none"> • Conversion option when you leave employment • Claims and appeals 	CIGNA Phone 1-800-441-1832 (conversion) ■ 1-800-781-2006 (claims) 1-800-336-2485 (TTY) Web www.cigna.com/consumer/forms/disability/disability_claim.html
Medical – General <ul style="list-style-type: none"> • Providers (doctors, hospitals, etc.) • Claims and appeals • Identification cards • Preauthorization • Other plan details (covered expenses, limitations, exclusions) 	KingCareSM – Aetna PO Box 14089, Lexington KY 40512-4089 Phone 1-800-654-3250 ■ 1-800-628-3323 (TTY) E-mail kingcare@aetna.com Web www.kingcare.com Medical Claims – Aetna Inc., Attn: National Accounts CRT PO Box 14463, Lexington KY 40512 Fax 1-817-417-2026 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 1-888-901-4636 ■ 1-800-833-6388 (TTY) E-mail info@ghc.org Web www.ghc.org
Medical – Prescriptions <ul style="list-style-type: none"> • Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand) • Pharmacies • Mail order service • Filing claims and appeals • Identification cards (KingCareSM members only; Group Health members use medical plan card for prescriptions) 	KingCareSM – Caremark (formerly AdvancePCS) PO Box 52136, Phoenix, AZ 85072-2136 Phone 1-800-552-8159 Web http://kingcounty.advancex.com (e-mail by selecting Contact Us), or www.caremark.com Rx Claims Appeals – Caremark (formerly AdvancePCS), Attn: Prescription Claim Appeals MC 109 PO Box 52084, Phoenix AZ 85072-2084 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 1-800-245-7979 (mail order prescriptions) E-mail info@ghc.org Web www.ghc.org
Vision <ul style="list-style-type: none"> • Providers • Claims and appeals • Other plan details 	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ■ 1-800-428-4838 (TTY) Web www.vsp.com (e-mail through the site)

PT 587 Partial Benefits Plan Enrollment Form



Check one box for each benefit listed. Return *within 30 days of your hire date* to Benefits and Retirement Operations, Exchange Bldg. EXC-ES-0300, 821 Second Ave., Seattle 98104-1598. Complete the Family Member Enrollment Form (page 24) to list covered family members.

Last name _____ First _____ MI _____ Gender ☐ M ☐ F
 Soc Sec No _____ Birth date _____ Home phone (_____) _____
 Mailing address _____ Apt No _____ City _____
 State _____ ZIP _____ Home e-mail _____
 Transit base _____ Start date _____ Work phone (_____) _____
 PeopleSoft payroll ID No _____

King County employment ☐ Never worked for the county ☐ Worked for the county, ending employment (date) _____

Washington State Retirement System ☐ Never enrolled ☐ Previously enrolled and retired from (plan and date) _____
☐ Previously enrolled in (plan) _____

Medical for 2006 (you must elect medical to have any dental, life, AD&D or LTD coverage)

<input type="checkbox"/> I decline medical coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect KingCare SM Basic for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect KingCare SM Preferred for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect Group Health for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dental for 2006 (you must elect medical to have any dental coverage for yourself and family members)

<input type="checkbox"/> I decline dental coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect Washington Dental Service for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision for 2006 (you may elect vision coverage with electing medical)

<input type="checkbox"/> I decline vision coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect Vision Service Plan for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life insurance for 2006 (you must elect medical to have basic life coverage and to elect enhanced life)

<input type="checkbox"/> I decline enhanced life					
I elect enhanced life for myself	<input type="checkbox"/> \$0	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000
I elect enhanced life for Sp/DP	<input type="checkbox"/> \$0	<input type="checkbox"/> 50% of your enhanced amount			
I elect enhanced life for children	<input type="checkbox"/> \$0	<input type="checkbox"/> \$10,000			

AD&D insurance for 2006 (you must elect medical to have basic AD&D and to elect enhanced AD&D)

<input type="checkbox"/> I decline enhanced AD&D						
I elect enhanced AD&D for myself	<input type="checkbox"/> \$0	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000
	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$350,000	<input type="checkbox"/> \$400,000	<input type="checkbox"/> \$450,000	<input type="checkbox"/> \$500,000	
I elect enhanced AD&D for Sp/DP	<input type="checkbox"/> \$0	<input type="checkbox"/> 50% of your enhanced amount		<input type="checkbox"/> 100% of your enhanced amount		
I elect enhanced AD&D for children	<input type="checkbox"/> \$0	<input type="checkbox"/> 10% of your enhanced amount				

LTD insurance for 2006 (you must elect medical to have basic LTD and to elect enhanced LTD)

☐ I decline enhanced LTD (keep basic only – 180-day wait)
☐ I elect enhanced LTD (90-day wait)

-over-

Premium payment plan for 2006

- ☐ Before-Tax. Deduct my Partial Benefits Plan premiums for health coverage from my regular paycheck before taxes have been deducted. I understand that by choosing this option I may not drop any coverage until the next open enrollment except when certain qualifying changes in family status occur, and any portion of the premiums I pay to cover a domestic partner or domestic partner's children generally must be deducted after taxes, per IRS regulations.
- ☐ After-Tax. Deduct my Partial Benefits Plan premiums from my regular paycheck after taxes have been deducted.

Authorize your benefit elections

This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____ Date signed _____

Office Use Only	Received	Reviewed	Data Entered	Audited	Effective
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Beneficiary Designation Form



- If you elect medical and receive basic life, AD&D and LTD insurance and elect enhanced life, AD&D and LTD, use this form to designate or update beneficiaries, as described on page 16. Provide complete information. You may list only the last 4 digits of Social Security numbers, but complete numbers facilitate benefit payment.
- Mail the signed original of this form to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 and keep a copy for your records.

List beneficiaries with complete information to facilitate benefit payment

Name	Relationship	Birth Date	Soc Sec No	Primary - %	Contingent - %
1. _____	_____	_____	_____	<input checked="" type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
2. _____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
3. _____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
4. _____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
5. _____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
6. _____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
7. _____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
8. _____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____				All must total 100%	All must total 100%

If your spouse isn't designated primary with at least 50%, have him/her sign this section

I'm the employee's spouse and have reviewed the above beneficiary designation; I understand by signing below I hereby consent to the beneficiaries as designated and waive any rights I may have under applicable community property laws to a greater share of the survivor benefits.

Spouse signature _____ Date signed _____
 Printed name _____

Authorize your designations

By signing and dating this form, I designate the above as my beneficiaries. I understand that if a minor (person not of legal age) or my estate is the beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefits can be paid. This may mean legal expenses for my beneficiaries and a possible delay in payment to them.

Employee signature _____ Date signed _____
 Printed name _____ Contact phone (_____) _____
 PeopleSoft ID or Soc Sec No _____

Family Member Enrollment Form



List eligible family members (as described on page 13) you want to cover and provide all information for each family member. Please print. Copy and attach additional forms if needed. If you're covering a spouse/domestic partner, complete the Affidavit of Marriage/Domestic Partnership (page 25).

☐ Check this box if your spouse/domestic partner is also a King County employee.

1.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
2.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
3.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
4.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
5.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
6.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
7.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
8.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
9.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____

Authorize your family member enrollment

I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____ Date signed _____
Printed name _____ Contact phone (_____) _____
PeopleSoft ID or Soc Sec No _____

Affidavit of Marriage/ Domestic Partnership



Check all boxes that apply

- ☐ Add my spouse/domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage/domestic partnership, but don't add my spouse/domestic partner for coverage at this time.
- ☐ My spouse/DP is also a King County employee.

Check one box and provide the date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we:

- Share the same regular and permanent residence
- Have a close personal relationship
- Are jointly responsible for *basic living expenses**
- Aren't married to anyone
- Are both 18 years of age or older
- Aren't related by blood closer than would bar marriage in the State of Washington
- Were mentally competent to consent to contract when our domestic partnership began, and
- Are each other's sole domestic partners and are responsible for each other's common welfare.

* "Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.

Confirm you understand this affidavit and have provided accurate information

I (employee) understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Family Member form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We (employee and spouse/domestic partner) understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft ID or Soc Sec No _____

Spouse/DP signature _____ Date signed _____

Printed name _____

